

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31730

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8104

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 5		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SILEX	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSPITAL		d. STREET ADDRESS (If rural, give location) N. L. CHURCH STREET			
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN b. (Middle) ELZA c. (Last) ELDER		4. DATE OF DEATH (Month) (Day) (Year) SEPT 18 49			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JAN - 6 - 1873	9. AGE (In years last birthday) 76	10. IF UNDER 1 YEAR Months 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) MILLWOOD MO.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME ANTHONY WHEELEY		13b. MOTHER'S MAIDEN NAME ELIZABETH MORRIS		14. NAME OF HUSBAND OR WIFE GEORGE ELDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-14-2970		17. INFORMANT'S SIGNATURE OR NAME Joe Elder	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old healed coronary occlusion DUE TO (c) Chronic nephritis			INTERVAL BETWEEN ONSET AND DEATH 2 mo. ? ?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		151 (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 309 X			
22. I hereby certify that I attended the deceased from Sept 15, 1949, to Sept 18, 1949, that I last saw the deceased alive on 19 and that death occurred at 2:30 P.M., from the causes and on the date stated above.					
23a. SIGNATURE E. Lee Shrader M.D.		(Degree or title)		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 9/19/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE SEPT 18-49	24c. NAME OF CEMETERY OR CREMATORY ST ALPHONSIS		24d. LOCATION (City, town, or county) (State) SILEX LINCOLN MO	
DATE REC'D BY LOCAL REG. SEP 20 1949		REGISTRAR'S SIGNATURE J.B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. 422 Manchester Ave. St. Louis 10, MO.	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

J. Allen Davis
Licensed Embalmer No. *4957B*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.